

Chesterfield County  
Human Resource Management



Employee/Applicant Self Identification and Request for Accommodation Process Packet  
Under the Americans with Disabilities Act

Any employee/applicant who is a qualified individual with a disability and who needs an accommodation is eligible to apply. A qualified person with a disability is an individual who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. A record of impairment is a history of a substantially limiting mental or physical impairment, which includes persons who have recovered or are not now substantially limited. A person is regarded as having an impairment where there is not a substantial limitation of a major life activity but a person is perceived as having a limitation.

Generally, conditions that last for only a few days, weeks, or less than six months and have no permanent or long-term effects on an individual's health are not considered disabilities because they are not substantially limiting. Examples of such conditions may include but are not limited to broken bones, sprains, a common cold and the flu.

It is the responsibility of the applicant or employee with a disability to self-identify and inform Chesterfield County that an accommodation is needed. This confidential process is coordinated by Human Resource Management to help ensure that the rights of all parties are protected. Requests for a reasonable accommodation will be assessed and evaluated on a case-by-case basis.

**The steps are as follows:**

1. Employee/applicant completes the **Employee Self Identification and Request for Accommodation** form.
2. Employee forwards the form to his/her Supervisor.
3. Supervisor forwards the form to Human Resource Management (HRM).
4. HRM meets with the employee within 5 calendar days of receipt of the form to review and evaluate the request, and gives the employee the Physician Certification form if appropriate.
5. Employee takes the Physician Certification form and his/her Position Description Questionnaire (PDQ) or Job Description to his/her physician.
6. Physician completes the form and returns the form to HRM.
7. HRM will evaluate the request (taking into account the applicant/employee and departmental needs, and county legal requirements) and may consult with the County Attorney. Once all documentation is received, HRM will respond to the applicant/employee within 15 calendar days.
8. If the county will not provide the accommodation, the employee may continue to work without accommodation or contact HRM for further options.
9. Employee is expected to perform duties until the Request for Accommodation has been processed by HRM.

**Chesterfield County**  
**Human Resource Management**

**Employee/Applicant Self-Identification and Request for Accommodation Form\*\***  
(Americans with Disabilities Act)

This form must be completed when an employee/applicant wishes to self-identify and make a request for accommodation due to a documented disability. This form must be submitted to the employee's supervisor. To be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA), the employee must be qualified to perform the essential functions of his/her position with or without a reasonable accommodation and have a qualifying disability that limits a major life function.

**Employee Name:**

**Employee Phone Number:**

**Supervisor:**

**Supervisor Phone Number:**

**Department / Work Location:**

**Date:**

**1. Please describe which major life activity your impairment limits. (For example: caring for oneself, performing manual tasks, walking, seeing, hearing, sitting, speaking, breathing, learning, remembering, concentrating etc.) Attach additional pages if needed.**

**2. Describe how your condition limits your ability to perform the essential functions of your job. Using your Position Description Questionnaire (PDQ) or Job Description, identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance. (Your PDQ can be obtained through your immediate supervisor.)**

**3. Describe in detail the accommodation(s) you are requesting.**

**4. Please add any additional information you feel may be relevant to your request:**

**Employee Signature:**

**Date:**

\*\*This form is to be kept confidential and does not become a part of the employee's personnel file.

Revised 9/03

Chesterfield County  
Human Resource Management

**PHYSICIAN'S CERTIFICATION  
FOR EMPLOYEE ACCOMMODATION  
(AMERICANS WITH DISABILITIES ACT)**

We have received notice from you indicating that you have a condition that requires an accommodation in the workplace. In order to process this request, additional information is needed from the treating physician. Please ask your physician to review your job description with you and complete this certification and return as soon as possible. This information must be received in order to evaluate your request.

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**Employee Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**1. Describe the (a) nature, (b) severity, and (c) duration of the employee's/applicant's impairment.**

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**2. Describe the life activity or activities the impairment limits (i.e. walking, breathing, seeing, sleeping, caring for self, etc.)**

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**3. Describe the extent to which the impairment limits the employee's ability to perform the "essential" functions of the job as described in the attached job description.**

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**4. Describe the modification/accommodation that should be evaluated by the County to determine if reasonable and may assist the employee in performing the essential functions of the job.**

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**5. Are there any alternative modifications/accommodations that may also be feasible (not listed in #4)?**

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Physician's Signature

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Date

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Physician's Printed Name

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Address

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Telephone Number